U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## "FEE ADDRESS" INDICATION FORM Address to: Fax to: Mail Stop M Correspondence 571-273-6500 Commissioner for Patents - OR -P.O. Box 1450 Alexandria, VA 22313-1450 INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: 1 Customer Number: 22971 OR The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER APPLICATION NUMBER (if known) 7 089 068 09/802.111 Completed by (check one): Applicant/Inventor Sianature Attorney or Agent of record \_ 34618 Daniel L. Hayes (Reg. No.) Typed or printed name Assignee of record of the entire interest, See 37 CFR 3.71. 509-944-4712 Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number (Form PTO/SB/96) Assignee recorded at Reel Frame 2/3/2010 Date

This collection of information is required by 37 CFR 1.353. The information is required to obtain or retain a bronefit by the public which is to fix (and by the USFN) or process) and publication. Confidentiality is governed by 35 U.S. C. 12 and 37 CFR 1.1 and 1.14. This collection as entire late to take 5 miles including aghering, preparing, and submitting the completed application form to the USFN 7. Time will vary depending upon the information to complete, including aghering, preparing, and submitting the completed application form to the USFN 7. Time will vary depending upon the information CFR. I. Present and the amount of time you require to complete his form androit of time vary expensions from the unit of time variety of the information CFR. I. Present and Trademan Cffice, U.S. Depart ment of Commerce, P.O. Box 1450, Nex andria, V.A. 22313-1450, D.O.NOT ESINO COMPLETE D FORMS TO THIS A DDRESS. SEND TO: Mall SEON M Correspondence, Commissioner for Patients, P.O. 84459, Alexandria, V.A. 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one

forms are submitted.

signature is required, see below\*.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.